the collecting tank is to be of galvanized iron it would be a reasonable precaution to coat the inside with a bitumastic paint. Rain-water is plumbo-solvent, and lead piping should not be used for distribution. Plastic piping, which appears to be quite satisfactory, is now available.

Treatment of Stammering

Q.—*What treatment is suggested for an otherwise healthy man of 30 who has stammered very badly since early childhood? Is electric convulsion therapy of any use in these cases?*

A.—Electric convulsive therapy is not likely to benefit a severe stammer that has existed since early childhood, and it is doubtful if this form of treatment has any place in the treatment of stammering. A course of inhalations or carbon dioxide with 30% to 70% of oxygen, according to L. J. Meduna's method (*J. nerv. ment. Dis.*, 1948, **108**, 373), has been said to improve cases of stammer. This treatment is practised by some psychiatrists, but in the writer's experience no benefit has been noted in cases of long-standing stammer following such inhalations. The best form of treatment for the otherwise healthy man of 30 would be a preliminary course of psychotherapy to elucidate and possibly relieve any complicating anxiety factors, followed by speech therapy carried out by a trained and recognized speech therapist—a medical auxiliary.

Insulin Shock for Asthma

Q.—*Is insulin shock therapy recognized as a sound method of treating bronchial asthma?*

A.—The insulin shock method of treating asthma is not commonly employed. There are few publications describing this form of therapy, and these deal only with small series of cases without controls. The probable reason for this is that the treatment causes loss of consciousness, often with convulsions, due to the hypoglycaemia produced. The patient may remain in coma or semi-coma for up to three hours. Such treatment can be carried out with safety only in a special centre, where the nursing staff are suitably trained; it is not suitable for patients in status asthmaticus. An additional point is that anaphylactic reactions to insulin may occur. The method was described by Dr. Z. Godlowski, of the Physiopathological Department of the Polish Medical School, Edinburgh, in an article published in the *British Medical Journal* of May 11, 1946, at p. 717.

Chinese Geese and Salmonella

Q.—*I am making plans to keep Chinese geese. In recent years there have been accounts of outbreaks of food poisoning as a result of eating duck eggs. I cannot recall whether goose eggs have been similarly implicated, but I assume it is a possibility. What can be done to minimize or prevent infection? Also, does the fact that the geese would have access to a muddy pond, whose banks are infested by rats, increase the danger of infection?*

A.—Salmonella infection of geese has been recorded, but it is not known whether infection of the goose egg can occur before it is laid, as may happen with the eggs of salmonella-infected ducks. Geese are clean feeders and are much less prone than ducks to paddle and feed in ponds which may be dirty or rat infested. Geese are happy in a grass plot without access to water, and there is therefore much less chance of their becoming infected from contaminated water. In the present case, measures should, if possible, be taken to prevent the geese getting access to the rat-infested pond. If there should develop any clinical evidence of Salmonella infection among the geese, the laying nests should be kept dry to prevent the risk of contamination of the eggs from infected excreta passing through the shell. Eggs should not be kept for any time, unless in the refrigerator, and the contents should be well cooked before being eaten.

NOTES AND COMMENTS

Tests for Drunkenness.—Dr. H. B. C. SANDIFORD (Southsea) writes: In "Any Questions?" (May 20, p. 1217) you discuss drunkenness. May I suggest that the remarks on the legal aspect are ambiguous, and in view of the importance of this point I forward my views, which I think are explicit and correct. The position of a police surgeon is quite different from that of a private doctor and need not be considered. A practitioner called in by the accused has been called to help the accused: he has no duty to the police, nor is he employed by the police. The accused is liable for the doctor's fee and obviously is entitled to expect that this doctor is not to be the final link in the chain of evidence leading to his conviction. In other words, when the doctor has made any necessary examination which has led to the opinion that accused is incapable of driving a car he should pay his respects to the officers of the law and go home, if possible taking the accused with him. On no account must he discuss the matter with the police. His opinion is for the accused to use as he, or his lawyer, thinks best. Should this opinion be likely to help the prosecution it is unlikely to be called, and the doctor and patient are likely to remain friends. On the other hand, when next day a drunk realizes that not only is he on the spot but that his dear doctor whom he has trusted for years has already made his conviction certain, he is liable to feel very bitter and may subsequently refuse to pay the doctor's fee. The police look to the private doctor to make a statement at the end of his examination. But beware: a drunken man is doubtfully able to give legal permission for an examination, and, because of this, after conviction may sue his doctor for assault in that he was examined when on the doctor's own evidence he was unable to give permission for that examination. No statement should be given. This is summed up in the ancient ruling of treating all information about patients as confidential.

New Orientations in Epilepsy.—Dr. R. K. RICHARDS (Associate Director of Research, Abbott Laboratories, North Chicago, Illinois) writes: The recent paper entitled "New Orientations in Epilepsy," by Dr. Denis Williams (March 25, p. 685), is a most excellent review of the development of recent trends in epilepsy. By necessity the therapeutic section had to be treated briefly. However, this part of the article contains an error of fact which we believe should be corrected. Dr. Williams states: "Tridione, which inhibits petit mal, is a convulsant in animals and has no sedative action." The anticonvulsive action of tridione was discovered and first described by me and my associate, Dr. Everett, in 1943. Tridione possesses an outstanding anticonvulsive action in experimental animals against a variety of convulsant drugs, such as pentamethylene tetrazol, picrotoxin, strychnine, etc. It was largely on the basis of this unexpected observation that I recommended its clinical trial in epilepsy. The sedative action of tridione is slight in anticonvulsive doses, but with very large doses depression and sleep occur, but never convulsions. While tridione is of little value in grand mal attacks, it has been found effective in the treatment of status epilepticus if injected intravenously in doses of about 1 g. There is no counterpart in animal experimentation which would explain the occasional tendency of tridione to increase the occurrence of grand mal attacks.

Another Antibiotic Substance.—In the annotation under this heading in the *Journal* of June 3 (p. 1309) the reference to the work of Welch and his colleagues was inadvertently omitted. The paper by these authors was published in the *Journal of the American Pharmaceutical Association* (1950, **39**, 185).

Corrections

In the article by Mr. Rainsford Mowlem on "Medicine in Yugoslavia" (May 6, p. 1072) it was incorrectly stated that Yugoslavia was receiving Marshall aid. The organization from which Yugoslavia is receiving some assistance and which should have been referred to is Unicef.

There was a misprint in the list of films detailed in the *Supplement* of June 3 (p. 253). The author of the silent coloured films of ophthalmic operations was, of course, Mr. H. B. Stallard.

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